

MISSOURI DEPARTMENT OF NATURAL RESOURCES-WASTE MANAGEMENT PROGRAM NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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MISSOURI DEPARTMENT OF NAT	URAL RESO 40 65102	URCES, WA	STE MANAC	EMENT F	PROGRAM			
FOR OFFICIAL USE ONLY								
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C								
INSTALLATION'S EPA ID NUMBER		APPROVED		RECEIVED MO.)AY	10	9	
C	T/A C			TT	0.	T 1		
1. NAME OF INSTALLATION					110	1 4	04	15
GENER AL ELECT	ア K / C E N	C C T E R	0,					TT
II. INSTALLATION MAILING ADDRESS							<u> </u>	
S' C	TREET OR P.	O. BOX NUM	BER				, ,	
3 2 4 5 5 C A S S E N	S D	RIV	E					
CITY OR T	OWN			Т Т	STA	TE	ZIP CO	ODE
4 F E N T O N					М	0 6	3 0	121
III. LOCATION OF INSTALLATION	CTDEET AN	ווו אוו ואופכט						
С			-	TT	:			TT
5 SI A M E								
CIIIIII					STA	TE	ZIP CC	DDE
6	RA RECO	406654	TED					
IV. INSTALLATION CONTACT			IER -					'
NAME AND TITLE (LAST, FIRST, A	ND JOB TITL	.E)			TELEPH	ONE NU	MBER	
2 KART CAREY				31	43	42	78	09
V. OWNERSHIP								
A. NAME OF INSTALLATION'S	LEGAL OWN	ER	<u> </u>	B. 7	YPE OF O	WNERSH	IP (ENT	ER COD
R G. E.	1 1 1				P			
IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" II A. HAZARDOUS WASTE ACTIVITY	Y THE APPRO	PRIATE BOX			UCTIONS) JEL ACTIV			
1a. GENERATOR ID. LESS THA	N 1 000 KG /MO	П	FF-SPECIFICAT			ITIES		
2. TRANSPORTER .			r 'X' & mark appro		ATER	TEN	777	W.
3. TREATER/STORER/DISPOSER 4. UNDERGROUND INJECTION			. GENERATOR	MARKETI	OHURNE	R S	A	5
5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark ap	araarista ba-ar b		. OTHER MARK . BURNER	KETER	JU	N 9	1989	עשי
A GENERATOR MARKETING TO BURNER	propriate boxes be		ECIFICATION	JSED OIL F.				PAVEEL
,	C. BURNER	w	HO FIRST CLAII	MS THE OIL	MERME	PROGR	GEMEN	IT
III. WASTE FUEL BURNING: TYPE OF COMBUSTION DEV								
Enter 'X in all appropriate boxes to indicate type of bill fuel is burned. See instructions for definitions of comb	combustion	device(s) in es)	which haza	ardous A	ste fuel d	or oli-sp	ecilicati	on use
J A. UTILITY BOILER B. INDUST	RIAL BOILE	R	Ос	. INDUST	RIAL FUR	NACE		
III. MODE OF TRANSPORTATION (TRANSPORTERS ONL	Y-ENTER 'X'	IN THE APPI	ROPRIATE B	OX(ES)				
A. AIR B. RAIL C. HIGI	HWAY	D. 1	WATER		E. OTHE	R (SPEC	CIFY)	
. FIRST OR SUBSEQUENT NOTIFICATION					**********			
ark "X" in the appropriate box to indicate whether this is your in pt your first notification, enter your installation's EPA ID Number in t	stallation's first	t notification of						
A FIRST NOTIFICATION ME SUBSCOUTING NOTIFI		anner repaired too	2 1 1 0.	DOLL	ATION'S	EPA I.D	. NUMB	ER

			ID - FOR OFFICIAL	HEE ONLY
		<u>c</u>	THE TOR OFFICIAL	T/A
		W		
X. DESCRIPTION OF HAZARDOUS WASTE		4 40 650 0	. 21 /	
A. Wastes from Nonspecific Sources (F-List). Enter the sources your installation handles. Below each number,				
WASTE I.D. NO. F 0 0 1	F 0 0	2		
AMOUNT AND				
FREQUENCY 200 lbs. B	50 lbs.	_в	lbs.	lbs.
B. Wastes from Specific Sources (K-List). Enter the four your installation handles. Below each number, enter the				
WASTE I.D. NO.				
AMOUNT AND			-	
FREQUENCY N/A ibs.	lbs.		lbs.	lbs.
C. Commercial Chemical Product Wastes (W and P Lists). En				
which may be hazardous waste. Below each number, enter	the monthly generatio	on amount in pounds and	d frequency code A. B. or	C.
WASTE I.D. NO.				
FREQUENCY N/A lbs.	lbs.		lbs.	lbs.
D. (Reserved) N/A				
E. Characteristics of Nonlisted Hazardous Wastes, Mark an handles. (See 40 CFR Parts 261.21 - 261.24) Below each box				
code A, B, or C.				
AMOUNT AND X (D001)		2. CORROSI (D002)	VE	3. REACTIVE
FREQUENCY (D001)		(5002)		(D003)
1000 lbs. A		N/A lbs.		N/A Ibs.
	· · · · · · · · · · · · · · · · · · ·			
4. TOXIC Enter the four-dig			eristic toxic waste. Belo	w each number, enter
FREQUENCY D 0 6	D 0 0	8 1 1		
400 lbs. B	400 lbs.	B N/A	lbs.	N/A Ibs.
. MISS	OURI REQUIRI	ED INFORMATION	ON	
MISSOURI GENERATOR ID NUMBER (IF PREVI	OUSLY ASSIGNE	ED) <u>0 03447</u>		
PRINCIPAL BUSINESS ACTIVITY Repair of	electric mo	tors & genera	tors & steam ti	ırhines
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)	Ī ₇	6 9 9		
CHECK THIS BOX IF YOU GENERATE/ACCUMU	JLATE LESS TH		_E QUANTITY	
I. CERTIFICATION				
certify under penalty of law that I have personall locuments, and that based on my inquiry of those information is true, accurate, and complete. I am a he possibility of fine and imprisonment.	dividuals immedia	tely responsible for	obtaining the informa	ation. I believe the submitt
IGNATURE		OFFICIAL TITLE (TYPE	OR PRINT)	DATE
Kail H. Cours	Karl (Carey er, Electric :	service	6/7/89
1000/ 11 0000		, ======		1 0///07

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